

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 101678004 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3	1						
4		1					
5		1					
6		1					
7		1					
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46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND	2						
TOTAL DEP	15						
TOTAL CLAIMS	20						

CLAIMS	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS								

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